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(Requestor's Name)					
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COVER LETTER

то:	Registration Section Division of Corporations					
SUBJECT: WestLake Settlement Services, LLC						
		nited Liability Company)				
Florida		ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited				
Please	return all correspondence concerning this r	natter to the following:				
	Kathleen A. Elzea					
	(N	ame of Person)				
	WestLake Settlement Services, LLC					
(Firm/Company)						
,	N24633 County Road I					
		(Address)				
	Ettrick, WI 54627					
	(City/S	tate and Zip Code)				
For fu	rther information concerning this matter, pl	ease call:				
	Kathleen A. Elzea	at (_608)525-2034				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
	MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations		Division of Corporations				
P.O. Box 6327		Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the following amount: State of the st					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	WestLake Settlement Services, LLC				
	(Name of Foreign Limited Liability Company)				
2.	DE 3.				
-	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)				
4.	8/2/2006 5. Perpetual	_			
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	10/2/2006				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	1 First American Way				
	WestLake, Texas 76262	F=			
	(Street Address of Principal Office)	ED			
	If limited liability company is a manager-managed company, check here	D			
9. The name and usual business addresses of the managing members or managers are as follows:					
	7777 Washington Avenue South, Edina, MN 55439				
	See Exhibit A attached for complete list of managers and their business addresses				
cus	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the coin a foreign language, a translation of the certificate under oath of the translator must be submitted.)	g ertifica			
11	. Nature of business or purposes to be conducted or promoted in Florida: To provide settlement services				
	such as tax monitoring, tax outsourcing, and flood determination.				
	(on maly 1/12				
	Signature of a member or an authorized representative of a member.				
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)				
	Charles W. Philipsek, Manager				

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
WestLake Settlemer	nt Services, LLC			
2. The name and	the Florida street address of the registered agent and office are:			
	C T Corporation System	11 S O		
•	(Name)	P OEC		
	1200 South Pine Island Road	85 = F		
-	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ED SEE, Fi		
_	Plantation, Florida 33324	'RF :2		
-	City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Michele Miller
(Signature) Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Exhibit A

List of Managers of WestLake Settlement Services, LLC

Mark A. Archuleta 5700 Smetana Drive, Ste. 400 Manager Minnetonka, MN 55343 7777 Washington Ave South Charles W. Philipsek Manager Edina, MN 55439 1 First American Way John Gilberti Manager WestLake, TX 76262 E. J. McKinney 11902 Burnet Road Manager Austin, TX 78758

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WESTLAKE SETTLEMENT SERVICES LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTLAKE SETTLEMENT SERVICES LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2006.



Harriet Smith Windson Secretary of State

AUTHENTICATION: 5227843

DATE: 11-28-06

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